

Intensive In Home Services (MH/SA) Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the provider endorsement or DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for conditional and full endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

a (1). Conditional: New Providers; Review identified documents for evidence the provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)

Full: If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

a (2). Conditional: New providers; policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrolment with DMA. Providers currently billing for Intensive In Home, the DMA enrollment documentation should be reviewed to verify the provider's date of enrollment with DMA.

Full: Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of three years, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

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a (3). Conditional and Full: Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

a (4). Conditional: New providers and providers currently billing for Intensive In Home, review policy and procedure manuals and program descriptions for language demonstrating that services will be delivered in the home, schools, homeless shelters, street and any other community location. Also look for documentation that use of state funds will allow for services in detention centers and jails. For this service solely for continuity of treatment interventions for the purposes of transition in/out of community working with the youth and family to achieve successful transition outcomes.

Full: In addition to the above, review MOAs and formal/informal agreements with community partners specifying agreement between parties to coordinate and collaborate in the delivery of service in specific locations. Review PCP and other service record documentation for documentation specifying services will be provided in community location(s). At this point, only the statement of intent to provide these services is relevant. The service notes and other evidence that the services are actually being delivered is reviewed later in this endorsement process.

The reviewer checks to ascertain that the Intensive In Home Services worker assesses the need that established practices or curricula for interventions are used within the context of Intensive In Home Services and that when a consumer's need indicates, he/she is offered an evidence-based intervention appropriate to the need. These criteria are reviewed later in this endorsement process. Reviewer may want to verify provider understands that if consumer needs more or less intensive services, consumer is to be referred to a more or less intensive service such as Community Support, if a youth in transition to adult services Community Support Team, MST or coordinated with Therapeutic Foster Care Treatment services. It is recommended for reviewer to have a discussion about use of best practice models in the Intensive In Home Services delivery, such as Cognitive Behavioral Therapy (CBT), CBT Trauma Informed Therapy, Functional Family Therapy and Motivational Interviewing.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

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a. (1). Conditional and Full: Review employment application, resume, license, certification, or other documentation for evidence of degree and work experience with the target population the provider will serve and consistent with requirements and responsibilities of the positions. The positions include: a licensed professional to serve as team leader and who is a QP and a minimum of two staff that are Associate Professionals or provisionally licensed. In some cases, reviewer may need to verify the source of the degree to ensure that it is a credible and valid degree. Review employee training plans or other documentation demonstrating training has been scheduled and/or received according to core rules, consistent with the role of the level of the professional providing Intensive In Home Services. Ensure that employee is trained to fully understand and implement designated level of service strengths and needs (PCP developed by a child and family team, symptoms, medications, treatment practices, data, substance related disorders, crisis intervention, etc.).

a (2). Conditional: New providers; policy and procedure manual should contain language indicating intent to provide Intensive In Home services by a team of three persons. Members of the team include a Licensed Professional or provisionally licensed professional who is the designated team leader and QP and a minimum of 2 staff who are Associate Professionals, a licensed nurse or provisionally licensed. One of the team members must include a CCS, CCAS or CSAC. The team leader is responsible for coordinating the initial assessment & developing the PCP and for providing or coordinating with the Intensive In Home staff, the treatment for the youth or other family members.

Supervision is provided by the team leader/Qualified Professional, for all staff. For this service, the QP may be a licensed professional or provisionally licensed. The team leader is responsible for the supervision of the AP. Individual supervision to staff based on the staff's level of education and experience. For providers currently billing for Intensive In Home services, review supervision plans to ensure that they are individualized and appropriate for the level of education and experience of staff. Review notes and documentation of the necessary individualized and appropriate clinical supervision for all staff, including the provisionally licensed professional as part of the Intensive In Home services provided.

Full: In addition to the above, review supervision plan, notes, schedule and other supporting documentation that demonstrate on-going supervision consistent with the. Review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional. It is important to note that the rules allow for a provisionally licensed professional to serve as a QP (10A NCAC 27G .0104 18.a). Necessary and appropriate relevant experience and clinical supervision of the provisionally licensed professional is assumed practice and so documented for the delivery of Intensive In Home services.

a.3) Conditional: New Providers; Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the Intensive In Home Services provider will ensure provision of first-responder services for all of the consumers. This includes either face-to-face or telephonically 24/7/365, and have the capacity to respond face-to-face within 2 hours, as well as have access to the crisis plans of consumers. The consumer and family must have access to therapeutic interventions 24/7. For providers currently billing for Intensive In Home services,

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review policy and procedure manual, program descriptions and job descriptions for language demonstrating the intent that Intensive In Home Services that clearly reflects this intent.

Full: In addition to the above, review PCP, crisis plans and service notes for evidence of crisis plans and that the consumer and/or legally responsible person is aware of the crisis response procedure and the phone number to reach the Intensive In Home Services provider. Intensive In Home Services provided therapeutic interventions 24/7. For example, a reviewer would expect PCP to indicate that the Intensive In Home staff responded to consumer and family call for help in de-escalating the youth's response to a family crisis. A review of service notes should verify that this is actually happening

Review on-call rotation schedules for evidence that after hours crisis response is available.

Review procedure for crisis plans to be made available to the Qualified Professional on-call. Call crisis number and "mystery shop" to verify access according to requirements.

a.(4) and a.(5) Conditional: New providers and providers currently billing Medicaid for Intensive In Home Services review in policy and procedure manuals and program and job descriptions for language demonstrating intent that services will be provided at a team to family ratio of 1 to 8 for each three person team. Members of the team include a Licensed Professional or provisionally licensed professional who is the designated team leader and QP and a minimum of 2 staff who are Associate Professionals, a licensed nurse or provisionally licensed. One of the team members must include a CCS, CCAS or CSAC. The team leader is responsible for coordinating the initial assessment & developing the PCP and for providing or coordinating with the Intensive In Home staff, the treatment for the youth or other family members. The team leader is responsible for the supervision of the AP.

Full: In addition to the above, review caseload assignment sheet and service record for the numbers of consumers are served per team to family ratio of 1 to 8 for each three person team. Record review of service notes for related treatment interventions and staff signatures.

Qualified Professional

b.(1) Conditional: New providers; policy and procedure manuals and program descriptions specifies the intent that the Qualified Professional, CCAS or LCAS hired to provide Intensive In Home services will have the skill, knowledge and experience to provide, coordination & oversight of initial and ongoing assessment activities, PCP development, ongoing monitoring of PCP implementation and PCP revision. Providers currently billing Medicaid for community Support; review job descriptions, program descriptions and policy and procedure manual for language demonstrating that the Qualified Professional, CCAS or LCAS is required to have the skill, knowledge and experience to provide coordination & oversight of initial and on-going assessment activities, PCP development, ongoing monitoring of PCP implementation and PCP revision.

Full: In addition to the above, review employee application for evidence that the Qualified Professional have the skill, knowledge and experience to provide coordination & oversight of initial and on-going assessment activities, PCP development, ongoing monitoring of PCP

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implementation and PCP revision. Review training plans and records for evidence that training is scheduled or has taken place.

c. Conditional: New providers should include in their program description and policy and procedure manuals language demonstrating that the Associate Professional is required to have the skill, knowledge and experience to provide the various skill building activities; support ongoing treatment and functional gains; one-on-one interventions with the consumer to develop interpersonal and community relational skills; therapeutic mentoring; symptom monitoring and self management of symptoms, etc. New providers should include in their program descriptions and job descriptions their intent to have all newly hired staff trained within 90 days of hire. For providers currently billing for Intensive In Home services, review the training plan to ensure that all Intensive In Home services specific training is scheduled within 90 days of a staff member's employment.

For providers currently billing for Intensive In Home services, review job description, policy and procedure manual for language demonstrating that the Associate Professional is required to have the skill, knowledge and experience to provide the various skill building activities; support ongoing treatment and functional gains; one-on-one interventions with the consumer to develop interpersonal and community relational skills; therapeutic mentoring; symptom monitoring and self management of symptoms, etc.

Full: In addition to the above, review employee application for evidence that the Associate Professional have the skill, knowledge and experience to provide the various skill building activities; support ongoing treatment and functional gains; one-on-one interventions with the consumer to develop interpersonal and community relational skills; intervene with positive behavioral supports; symptom monitoring and promote self-management of symptoms, etc. Review training plans and records for evidence that associated training is scheduled or has taken place. Review training documentation, such as, training certificates demonstrating that all employees for the provider have had the required 20 hours of Intensive In Home Services training required within the first 90 days of employment. This applies only to the training curricula that have been made available to the LME and the provider.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the Intensive In Home Services and the service delivery system.

a. Conditional:

Review of the program description for language that demonstrates understanding of the Intensive In Home service interdisciplinary team model. This service is grounded in family centered practice, is community based service most often provided in the child's home with family/primary caregivers as well as in other daily settings in the child's routine, such as school. Interventions are integrated and organized based on child and family strengths and needs, functional and clinical assessment and close monitoring for improved outcomes. Delivery of services is both direct and indirect where the team provides direct interventions and also

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arranges, coordinates and monitors services on behalf of the recipient and is provided in any location. Service settings may include recipient's home, school, shelters, therapeutic/foster care families, libraries, after school, etc. Services also include telephone time with individual recipient and collateral contact with persons who assist the recipient in meeting goals specified in the PCP. Continuity planning and coordinated transition planning, in addition to crisis planning should be present in the PCP.

New providers should include in the policy and procedure manual and program descriptions the intent that the Qualified Professional, Licensed or provisionally Licensed Professional and/or Associate Professional is expected to provide direct interventions with and/or on behalf of the consumer in any location in the community with a child/adolescent and family. Also review for language that the Qualified Professional is expected to arrange for, coordinate and monitor services on behalf of the consumer and family.

For providers currently billing for Intensive In Home Services, review policy and procedure manual, program descriptions and job descriptions for language demonstrating the intent that the Qualified Professional, Licensed or provisionally Licensed Professional and/or Associate Professional is expected to provide direct interventions with and/or on behalf of the consumer in any location in the community with a child/adolescent and family. Also review for language that the Qualified Professional is expected to arrange for, coordinate and monitor services on behalf of the consumer. For example, reviewer would expect to see PCP indicating Qualified Professional to connect youth to mentoring program through Communities in Schools. A review of the service notes should indicate that the Qualified Professional actually connected the youth to the mentoring program through Communities in Schools and visited the youth to monitor the mentoring services were meeting his/her needs.

Full: In addition to the above, review PCP for evidence that the Qualified Professional is expected to provide direct and indirect interventions with the consumer and family, in any location. Review service notes for evidence that the Qualified Professional is actually providing indirect and direct interventions in any community location with the consumer. Review claim form for location of service. Review service notes for first responder and 24/7 access to therapeutic interventions (e.g. suicide prevention plan in place and followed in an evening crisis event). Review PCP and service notes for evidence that Intensive In Home Services include facilitating service and/or life transitions in/out of transitions. Review claim form for supporting information. For example, a reviewer would expect PCP to indicate that the Qualified Professional will monitor progress of youth mentoring or tutoring program by talking to the mentoring staff on a regular basis or will monitor progress of youth and family in life transitions involving housing or family reunification. A review of service notes should verify that this is actually happening.

Program/Clinical Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models (crisis planning/de-escalation

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strategies, positive behavioral supports, motivational enhancement therapy, anger management, etc.).

a. Conditional: New providers and providers currently billing Medicaid for Intensive In Home Services review in policy and procedure manuals and program descriptions for language demonstrating their intent that services will be provided a minimum of twelve contacts within the first month with one visit equal to all visits occurring within a 24 hour period. An average of six contacts will occur for the second and third months. At least 60% or more of these contacts being out of the agency's facility with or on behalf of the consumer

Full: In addition to the above, review service notes, PCP, contact log and/or claim form for evidence that each consumer has received a minimum twelve contacts per the first month with 60% of the contacts being face-to-face with the consumer out of the agency's facility, an average of six contacts per the second and third months.

b. Conditional: New providers and providers currently billing Medicaid for Intensive In Home Services review in policy and procedure manuals and program descriptions for language demonstrating their intent that services will be provided aggregately, 60 % or more face-to-face with the consumer and 60% or more in the community.

Full: In addition to the above, review service notes and/or contact log, and claim forms for aggregate face-to-face contact with the consumer equals 60% or more of the service delivery time. Review service notes and/or contact log, and claim forms to calculate and ensure that aggregate totals for contact with the consumer in the community equal 60% or more of the service delivery time.

c. Conditional: New Providers; Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the Qualified Professional responsible for the development, monitoring, revising and updating the PCP through a child and family team. Policy and procedure manuals and job descriptions should reflect language that demonstrates these service expectations delivered primarily with children in their home with a child and family centered focus to: 1) diffuse current crisis, evaluate its nature & intervene to reduce the likelihood of a recurrence; 2) ensure linkage to needed community services & resources; 3) provide self help & living skills training for youth; 4) provide parenting skills training to help the family build skills for coping with youth's disorder; 5) monitor & manage the presenting psychiatric & addiction symptoms; and 6) work with caregivers in the implementation of home based behavioral supports.

Full: In addition to the above, review the PCP for evidence that the Qualified Professional was the lead in the development of the PCP and the planning meeting for same. Review revisions, updates and service notes for evidence that the Qualified Professional continued the responsibility for leading PCP planning.

d. and g. Conditional: New Providers; Review policy and procedure manuals and job descriptions for language demonstrating the expectation that the Intensive In Home Services provider will ensure provision of first-responder services for all of the consumers. This includes

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either face-to-face or telephonically 24/7/365, and have the capacity to respond face-to-face within 2 hours, as well as have access to the crisis plans of consumers.

Full: In addition to the above, review crisis plans and service notes for evidence of crisis plans and that the consumer and/or legally responsible person is aware of the crisis response procedure and the phone number to reach the Intensive In Home Services provider. Review on-call rotation schedules for evidence that after hours crisis response and access to a variety of interventions 24/7 is available. Look for evidence of a protocol for 24/7 coordinated response as one organizational unit. Review procedure for crisis plans to be made available to the Qualified Professional on-call. Call crisis number and “mystery shop” to verify access according to requirements.

e. Conditional: These criteria do not apply to providers new to the service. However, for providers currently billing for Intensive In Home, review as below.

Full: Review service notes and PCP for evidence that the Qualified Professional actually is developing, monitoring, revising and updating the PCP. Evidence may include a service note documentation for child and family team planning meeting, on-going assessment of consumer’s needs, or collateral contacts with other community providers working with consumer. Review service notes that the Intensive In Home team staff are providing skill building interventions in functional life domains such as; support ongoing treatment and functional gains; one-on-one interventions with the consumer to develop interpersonal and community relational skills; therapeutic mentoring; symptom monitoring and self-management of symptoms, etc. Evidence may include a note such as intervention for specific skill building identified on PCP, service note indication that skill building intervention for a specific skill in one of the functional life domains has been provided to the consumer and will be reinforced through daily life activities. This service is not a group activity. The service is defined for individual child and family focused interventions.

Documentation Requirements

All contacts for Intensive In Home Services must be documented - a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SA Service Records Manual.

Conditional: These criteria do not apply to providers new to the service. However, for providers currently billing for Community Support, review as below.

Full: Review personnel training on the following policies and procedures. Review policy and procedure manuals for language demonstrating the expectation that the minimum standard daily full service note includes: 1) recipient’s name, 2) Medicaid ID if relevant, 3) data of service, purpose of contact, 5) the provider’s interventions, 6) the provider’s interventions, 7) the effectiveness of interventions, and 8) the signature and credentials of the staff providing the service. Review record to verify all components of the daily full service note are documented. Review policy and procedure manual for language that demonstrates that all clinically significant contacts with the recipient must be recorded in the medical record. Review service records to verify contacts are documented.

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